

A Multi-Payer Approach to Payer-Provider Collaboration

Availity's nationwide, multi-payer Provider Engagement Portal helps providers and health plans collaborate and share information easily and efficiently. Providers benefit by having one place to go to accomplish key tasks for multiple plans, and health plans benefit as providers opt for self-service rather than contacting their call centers.

Provider Engagement Portal Solutions

Patient Management

The Patient Management Solution is the starting point for other workflows in the Portal, and information generated here is carried over to those workflows. Providers can access detailed patient eligibility and benefit information¹, as well as other preservice information relevant to the encounter, including:

- Member ID Card Viewer: An electronic version of the patient's health plan card.
- Care Reminder: Notifications from the health plan related to the patient's care, such as an overdue service.
- Additional Benefit Information: Any information a health plan makes available outside of the eligibility and benefit transaction, such as member benefit booklets or certificate of coverage.

Claims Management

Providers can use the Portal to submit medical and dental claims as well as Workers' Compensation claims. After checking a claim's status, they can initiate a series of other tasks and workflows, including:

- Claims Attachment (Medical Record Exchange): Submit required medical records to support the claim through the Portal.
- Patient Cost Estimator: Give the patient an estimate of the encounter prior to service.
- Claim Overpayments: Receive notification from the health plan of an overpayment and manage the recovery process.
- Claim Appeals: Initiate an appeal with the health plan.

Provider Engagement

Health plans have multiple channels in the Portal they can use to communicate and share information with providers, including two-way messaging, home page notifications, news and announcements, and promotions. The Provider Engagement Solution also delivers feedback functionality, giving health plans better insight into what their providers want from the plan or what improvements they would like to see in Portal applications.

Financial Management

Using applications available in the Financial Management Solution, providers can access detailed ERA information and take payment actions. From the dashboard, providers can easily view their claim payments, exceptions, reversals, and reduced payments across multiple payers. They can also process payments, which includes collecting co-pays and deductibles and setting up patient payment plans.

Provider Information Management

The Provider Information Management Solution features several workflows that address the challenge of maintaining up-to-date provider information. Using the Portal, providers can verify key demographic information. After providers attest to data accuracy, Availity sends the updates in real time or batch to all plans with whom the providers work. Availity ensures each plan receives the data in a format that can be integrated into that plan's back-end systems.

Authorization and Referral Management

Determining if a prior authorization is required is one of healthcare's most time-consuming and frustrating processes, and it's a big cause of administrative cost for health plans and providers alike. The Authorization and Referral Management Solution allows providers to manage all aspects of the prior authorization process electronically. Here, providers determine if an authorization is required, enter and submit the prior authorization request, attach medical records, and view the status of a request.

Payer Spaces

While the Availity Portal is a multi-payer environment, individual health plans still must make proprietary content, such as medical policies and quality reporting, available to providers.

Payer Spaces addresses this need by allowing health plans to host plan-specific information from within the Portal via a health plan-branded page. Payer Spaces is both a repository and a platform with its own set of development tools, so health plans can develop (on their own or with Availity's support) robust applications, allowing them to securely share information with their providers.

Availity 360 - Reporting

Health plans need reliable data about how their provider network is performing to make good decisions. Availity 360 uses administrative data, transactional data, and other Portal activity to deliver a clear picture of the network's health. With Availity 360, health plans can better identify trends and drill down into performance metrics based on payer, transaction type, and more.

Clinical Solutions

Health plans can unlock additional clinical workflows in the Portal with Availity's Clinical Gateway and Intelligent Gateway offerings.

Provider Engagement Portal + Clinical Gateway Solutions

Medical Record Exchange

Health plans can notify providers through the Portal that a medical record is required, and providers can electronically upload them using the Portal. Providers can also use the dashboard to track and respond to record requests over time, filter and sort their records, and manage to due dates.

Primary Care Physician Notification

Our Primary Care Physician Notification alerts providers of a hospital admission via the Portal and sends clinical messages through the Portal's Clinical Viewer. This information gives providers information they need to develop post-discharge care plans, helping to improve member outcomes.

Clinical Quality Validation

With Clinical Quality Validation, a health plan can use the Portal to notify the provider about a member's open quality gaps. The provider can then view the clinical information needed, submit the required documentation, and close the gap.

Provider Engagement Portal + Clinical Gateway + Intelligent Gateway Solution

AutoAuth Create & Exchange

Availity uses ADT information to automatically create the authorization request (x 12 278) and send it to the health plan. Information is then relayed through a bi-directional EMR integration (HL7 with options for exchanging HL7 C-CDA and payer-based health records) to the care provider, often at the time of care.

 $^{^{1}}$ The level of detail displayed in the Portal depends on the information returned via the x12 271 transaction.